

application. The skin doubtless remains more or less impregnated for some time. Possibly old solutions containing free iodine are more efficacious; if so, we have but to add the tincture to fresh solutions.

Some care should be exercised where the skin is very thin or tender. The method is therefore obviously and from experience less to be recommended in females than in males. In exposed parts of the body it may be objectionable for æsthetic reasons, yet, on the whole, less than the so freely used iodine.

The class of troubles found most amenable to this treatment was narrowly localized neuralgias, especially when corresponding to some particular nerve and not dependent on any demonstrable lesion. In fact, if a neuralgia, or what is thought to be one, proves intractable to this means, we should doubt its being a purely functional affection, and look carefully for some tangible cause. It has thus a certain diagnostic, as well as therapeutic value. Several times its complete or partial failure has led to a more searching and successful examination. Even in such cases much temporary relief is often afforded.

Prolonged use of a solution in elastic collodion might prove valuable in neuritis,¹ though I have never tried it in a well-marked case.

Supraorbital neuralgias, even of malarial origin, particularly if the miasmatic infection dates back some time, seem quite amenable to this treatment. Of course it is not recommended as a substitute for quinine here, but only as an adjuvant where the latter fails or acts too slowly.

In those cases where transient or ill-defined pain is felt, sometimes in one brow and again in the other, with perhaps frequent headaches or pains elsewhere, there is no occasion to have recourse to the solution. The same holds for indefinite and fleeting pains in other parts of the body.

Better results are usually obtained where the medical attendant can make the application himself.

ARTICLE IX.

A CONSIDERATION OF THE CLASSIFICATION OF FUNCTIONAL NEUROSES OF THE THROAT AND NOSE.² By H. CLINTON MCSHERRY, M.D., Professor of Diseases of the Throat and Chest in the Baltimore Polyclinic and Post-Graduate Medical School; Fellow of the American Laryngological Association, etc.

FUNCTIONAL neuroses of the larynx, the naso-pharynx, and œsophagus are, in some phases, constantly coming under the observation of all mem-

¹ Moleschott *l. c.*, thus cured a left sciatic neuritis following typhoid fever.

² Candidate's Thesis, presented to American Laryngological Association.

bers of the profession, but particularly of the laryngologist, and, in the absence of other marked apparent explanation of the cause, are most frequently classed as hysterical, this being nearly invariably the diagnosis when the condition is noticed in women, and especially if they are not far removed from the age of puberty or are subject to some menstrual disorder.

That a considerable proportion of these cases are properly attributed to hysteria cannot be questioned, but that those in which the symptoms have appeared as the result of exhaustion of the nervous system from overwork or mental worry, *i. e.*, from neurasthenia, or where the functional activity of the nervous system is lowered from anæmia, should be so designated, as is not uncommon, appears to be wrong, for in hysteria there has usually been freedom from both physical and mental strain preceding the development of the symptoms, the nervous system is more often in an exalted rather than in a depressed condition, and anæmia is rather rare. Therefore in this article my endeavor will be to define as clearly as possible and reduce to more restricted limits the proper use of the terms "hysterical loss of voice," "hysterical spasm," "hysterical paralysis," etc., and in addition to this to consider briefly the other forms of functional neuroses which affect the throat and nose, believing that in so doing something may be gained in the treatment of these troubles, which are sometimes intractable because they are diagnosticated hysterical in nature, from a want of acumen in searching out the real cause.

The two classes of cases that have been spoken of will be described as, 1st. The Hysterical; 2d. The Neurasthenic; and to these will be added a 3d class, or The Reflex Irritative Cases, in which there are marked perversions in the function of the peripheral nerves in the throat and nose which cannot be placed under the head either of hysteria or neurasthenia, but must be studied under the caption of this paper, as the symptoms presented are not dependent on disease in the parts themselves nor in the nerves supplying them, but in organs or portions of the body more or less remote from the seat of the functional disorder.

As nearly all the throat neuroses are called "hysterical," it is important that the accepted views as to the meaning of this word should be understood, and therefore some statements of recognized authorities will be given. Hammond says that "Louyer-Villermey describes every hysterical woman as stout, dark, plethoric, full of life and of health," etc., because he lived in the south of Europe where women of this description were most common; but, on the other hand, Sydenham, Whyte, Copland, and others who lived in the north of Europe, described hysterical women as having exactly the opposite characteristics;" and he adds that Briquet remarks, "there is no hysterical constitution appreciable by external appearances. The disease takes women as it finds them, blondes, brunettes, stout, thin, strong, weak, ruddy or pale, there is no choice."

Further than this Rosenthal quotes from Briquet's table of one thousand cases that "eighty-seven occurred in children between five and twelve years of age, and fifty in men." Rosenthal says he has seen the condition in children and men, and that Bernutz (*Gaz. des Hôpit.*, 1874) has shown "that the genital organs have been found perfectly healthy in a large number of autopsies on women who were undeniably hysterical, and also that Grisolle (*Gaz. des Hôpit.*, 18, 1853) and Castiaux (*cod. loc.*), have seen congenital absence of the vagina and uterus in two undoubted cases of hysteria."

From these statements it is apparent that the term "hysteria" (*ὑστέρα*) is a misnomer, as far as it indicates the cause of the condition, but since the name has become arbitrary and conventional, the cases which might be with some propriety included under it should be defined with reference to this conventional usage, and the fact that many women who are hysterical have some uterine or ovarian disease, and that in such cases there is often a relation between the two, must be recognized; but when we consider how many women have disorders of the sexual apparatus without the appearance of any hysterical symptoms, it is fair to suppose that these derangements only develop the condition in those whose psychical or nervous constitution predisposes them to the disease, or, in other words, the manifestations of the state become more marked through the influence of a reflex excitation of the nervous system, but that many of these cases of so-called hysterical throat disorders should with greater propriety be called reflex irritative cases. Erb speaks as follows of the symptoms of hysteria: "They may be produced by disturbances which are the least palpable, and are psychical in nature, particularly the powerfully acting or depressing emotions;" and Charteris defines as the cause, "mental lack of aim in life, throwing the mind and emotions back on self."

These quotations from competent observers have been presented, not for the purpose of entering into the pathology of hysteria, but as leading up to the statement that, in classifying a functional neurosis of the throat as hysterical, we must be guided not so much by sex, age, or menstrual disorder, as by a peculiar psychical state that induces the patient to complain of certain symptoms for which there is a slight justification, but which *appear* to be very similar to those of a malingerer. Handfield Jones describes this state in the following words: "Hysterical is commonly used to designate a patient whose complaints are considered more or less exaggerated, and who is not *bona fide* anxious to get well and cease from being an object of nursing and sympathy." In these cases the symptoms often present great inconsistency, and if routed out by treatment, physical or moral, will frequently reappear in some other form.

Two patients who have been under my care are good illustrations of this class, and their histories will be related here. One of them is a condition ordinarily met with, but the other is more unusual. The first was a young

lady who had been relieved of a hemiplegia (hysterical?) after several months of Dr. Weir Mitchell's skilful treatment, but to the great distress of her parents she lost her voice, which had not been previously affected, a short time after her return to Baltimore, and as she had not been able to speak above a whisper for some weeks, she came to me for advice. On introducing the laryngeal mirror, and telling her to say "ah," good approximation of the vocal cords was seen, and a fairly loud clear tone was produced; then the mirror was removed, and she was asked to count one, two, three. This she also did in a good voice by speaking slowly; but on my asking how long she had been unable to speak aloud, she answered in scarcely an audible whisper "six weeks." This patient remained under my care for over a year, and, although I made use of all the means of treatment usually employed in such cases, as galvanism and faradism, externally and internally, the local application of ferri perchlor., and other solutions as well as tonics and nervines internally, while she did regain her voice for a short time after something was done which seemed to impress her imagination, as after the first introduction of the laryngeal electrode, the effect of each particular means of treatment was soon lost, and at the same time the voice disappeared.

This young lady was about twenty-five years of age, was very intelligent and cultivated; her social status was good, and her parents wealthy and devoted to her; yet I think the cause of her condition may have been explained by the physician who brought her to me, when he told me that I must not rely on any statements made about the case by her father, as he was of rather feeble intellect, which leads me to the remark that the hysterical predisposition is, according to Jolly and many authorities, an inheritance from mental and nervous affections. This case looks very like malingering, yet her coming for treatment was entirely voluntary; she submitted with a good grace to all the remedial measures I adopted for over a year, seeming most anxious for the restoration of her voice; and she had nothing to gain in any way by feigning the condition.

The apparent inconsistency of not being able to speak, but being able to sound the voice in pronouncing a single syllable or counting slowly, is sometimes observed as well as cases which no doubt all laryngologists have seen, who said that they were able to sing but not to speak aloud, and also those who could not speak but had at the same time a loud ringing cough, which are probably to be explained by the concentration of the will-power for a special effort, but when the mental faculties are exercised, as in sustaining a conversation, the ability to approximate the vocal cords is lost. Such instances as those mentioned I have from time to time met with; but in the second case, which I am about to relate, I encountered a condition I had never seen before, and which is so rare that I can find no record of it.

This was a young woman about twenty years of age, who said that for

some months she had been obliged to keep her mouth open all the time, as it was impossible for her to breathe through the nose. My first idea being, naturally, intra-nasal hypertrophy or polypi, a most careful anterior and posterior nasal examination was made, but no obstruction could be discovered, nor was there any difficulty in passing a flexible, hard rubber probe with a pledget of greased cotton on the end through the nose and into the pharynx. In order to test whether she was malingering or not, snuffs and the inhalation of irritating vapors were used for the purpose of making her sneeze, but without effect, and on a number of occasions when her mouth was held closed there were always evidences of want of aërmation of the blood and impeded circulation. Once, however, when her mouth was being held tightly shut by a very muscular medical friend of mine, after the interference in the circulation was shown by the swollen veins and darkened countenance, although there was no perceptible movement of the *alæ nasi*, there was after a couple of minutes a slight movement of a thread held under the nose. I have been told by a physician that previously to her coming under my care he had treated the girl for some other hysterical disorders. After coming to me for a number of visits she disappeared, and I did not see her again for several months, when she told me that she had recovered the use of her nose for its natural purpose without treatment.

The positive explanation of this case would be as difficult as it is interesting. She was able, she said, and as was demonstrated by her using snuffs, etc., to take a deep inspiration through the nose, but all her attempts at expiration were in vain. There was no paralysis in the nose or of the velum, and, therefore, I am inclined to the opinion that on her making an expiratory effort to breathe with her mouth closed, a spasmodic action was produced of the levator palati, the tensor palati, and perhaps the palato-pharyngei muscles, by which the posterior nasal region was as completely shut off from the lower pharynx as it is when those muscles are called into play to prevent regurgitation of food during deglutition.

To these cases might be added others which are frequently observed, where, when examining with the laryngoscope, and the patient is told to say "ah," there is no approximation of the vocal cords. These, as well as the others, represent the first or hysterical division of functional neuroses. This condition Russell Reynolds describes as follows: "When there is loss of voice in hysteria there is no attempt made to whisper loudly; the failure is evidently not in the apparatus of the voice as a mechanical production, but in the will to put the machinery into play." . . . "The vocal cords are widely separated, with but slight effort being made for their approximation on attempted phonation," or if there is an attempt made it is ineffectual, for, as Türk states, "in certain cases of hysterical aphonia there is rather a derangement of co-ordination than a paralysis." To this evidence may be added Stoerck's remark, that "it is theⁿ in the

hysterical nothing but an imitation of the condition, an unconscious want of volition to properly innervate the parietic muscles." When there is a true paralysis of the laryngeal and other throat muscles in hysterical cases, it is due to the fact that the condition has existed for a considerable time, and, as a result of inactivity, a functional atrophy of those muscles has occurred.

In speaking of the treatment of hysteria, Russell Reynolds says, perhaps not altogether considerably, "No human being can cure, the physician can do but little for one who is born hysteric;" and Handfield Jones, relating a case of the same trouble, remarks, "It would clearly have been futile to give physic unless it was the 'infusum benedictum,' which often cured malingering soldiers, compounded of a weak infusion of tobacco and Epsom salts."

Dr. H. K. Oliver proposed a method of treatment of "aphonia from paralysis of the intrinsic muscles of the larynx" by compression of the wings of the thyroid, which, he says, he adopted, because "he took advantage of the valvular nature of the vocal cords," an anatomical fact demonstrated by Jno. Wylie, M.D., F.R.C.S., in a prize dissertation published in *The Edinburgh Medical Journal*, vol. xii. (Sept. 1866), where it was shown that the vocal cords when approximated constitute a valve opening outwards, while the ventricular bands form a valve opening inwards, and on account of this wedge-shaped space below the vocal cords the expired current of air can easily force the vocal cords apart, even when they are tightly closed, but that it will find effectual resistance at the false vocal cords (ventricular bands), where the ventricles will be inflated and the folds brought firmly into apposition. In inverse action, namely, in inspiration the air can easily wedge apart the false cords (vent. bands), whilst the vocal cords become the resisting bodies, and, as Dr. Oliver says, "it only seems necessary to start the machinery in paralysis of the adductors;" he suggests and gives several successful cases, where upon the arytenoids and vocal cords being approximated by compression of the wings of the thyroid, and the patient tried to sound the voice on quick, strong, and sudden inspiration, the power of phonation was restored and the voice was afterwards produced in the normal way.

This method I have occasionally adopted with success, and if other measures were used, have noticed that in hysterical aphonia the sounding of the voice first occurs, usually, if not always, on inspiration, and furthermore, in cases of true paralysis of the adductors the inspiratory effort to speak was decidedly more successful than the expiratory; but the extracts from Dr. Oliver's paper have been introduced because it seems that from them can be demonstrated that the condition he described and relieved in such a simple manner is not due to a paralysis, but to a perversion of the mental function, and therefore the most influential element for the successful treatment of the condition is that which appeals to the mind. It can

hardly be admitted that there is, properly speaking, a paralysis of the adductors when all that is necessary to call them into play is an inspiratory effort at phonation, but it is more probable that their action is in abeyance on account of the absence of the will-power to produce the normal movement, and after a few attempts the patient becomes impressed with the idea that it is impossible to speak aloud, and regards the condition as hopeless; when, however, a slight sound is made on the inspiratory effort, whether it be with or without compression of the wings of the thyroid, there is a mental encouragement to make the effort to speak which proves successful.

In addition to the reason given by Dr. Oliver for the ability to produce the voice on the inspiratory effort, it is probable that it may also be partly due to a stimulation of the superior laryngeal nerve, particularly calling into action its motor branch. Hilton says: "No matter how rapidly the nervous influence passes, it must reach the nearest point first, and that is apparently the reason why this little nerve takes so short a course to the crico-thyroideus. It has long been my habit to regard the crico-thyroidei as the muscles which are intended to tune the vocal instrument; and, as the instrument must be tuned before it can be played upon, so this nervous influence first reaching the crico-thyroidei, the vocal cords are put in a due state of tension, preparatory to the more precise and accurate influence of the other muscles acting directly and indirectly upon the vocal cords." He says, also, that if the principal motor nerve of the larynx took the same course, "we would all be ventriloquists, talking inwardly to ourselves," for it would act on the upper muscles sooner than the lower; and this is the way he explains why these nerves are always recurrent, though he says he has seen instances in the dissecting-room where they did not wind around the aorta or subclavian artery. The stimulation of the motor branch of the superior laryngeal may occur through the indirect influence of irritation or stimulation of the sensitive branch, and by its action on the crico-thyroidei muscles produce on the inspiratory effort a tension of the vocal cords which will also approximate them, and thus be an important factor in the sounding of the voice on inspiration, as it no doubt in a measure accounts for the sonorous whoop heard when air is being taken into the lungs, after the convulsive expiratory cough of pertussis, as Rosenthal has shown, according to Bartholow, and that this affection is due to irritation of the superior laryngeal nerve.

The large number of opinions of various authors which have been presented may not have been necessary; but it is believed that they all aid, either directly or indirectly, in establishing the fact that the hysterical neuroses met with by laryngologists are due to a perturbed psychical state, and only those symptoms which are entirely disproportionate to any local or general disease that can be detected, and the cause for which we believe to be mental, should properly be diagnosed hysterical, if the conventional meaning of the word is accepted. The symptoms presented in

this condition are almost unlimited in number, being equalled only by the powers of imagination, and are divided into sensory and motor.

The sensory symptoms are anæsthesia, analgesia, hyperæsthesia, paræsthesia, and neuralgia, with the special sensory disturbances anosmia, hyperosmia, and parosmia.

The motor symptoms are hyperkinesis, paresis, akinesis, and chorea, or want of co-ordinated movements.

The second or neurasthenic class of cases differs from the first in that the condition is ordinarily associated with depression of the physical and mental powers, and the patient is usually, though not always, anæmic, and appears in a state of apathy which is rare in hysteria.

Since neurasthenia and spinal irritation are by the majority of authors considered synonymous terms, and as the symptoms are often described as the same as those of hysteria, perhaps the word will not carry the significance I intend it should, unless it is stated that under it I would include all those nervous affections, functional in character, of the throat and nose which occur without other obvious cause in persons who would be placed in what Rosenthal calls the depressed form of spinal irritation (neurasthenia).

These people are what is called "run down," and the nervous system alone may be affected or in association with an exhaustion of all the vital functions. The mucous membrane of the upper respiratory passage is frequently seen to be anæmic, and relaxed throat is common. The disease is gradually progressive, the symptoms are constant, not intermitting as in hysteria, and paresis, akinesis, and anæsthesia more often occur than hyperkinesis and hyperæsthesia.

Anæsthesia of the epiglottis has been stated to be pathognomonic of hysteria, and Hammond says that Chairou, in *Études cliniques sur Hystérie*, has shown that in all cases of hysteria the reflex excitability of the larynx is abolished, and that he, Hammond, "has in every case verified Chairou's statement." My own experience does not coincide with these observations, for I have frequently seen marked hyperæsthesia of the larynx in hysteria, but in almost if not quite all of the cases I would call neurasthenic I have noticed a diminution of sensation in the throat. The neurasthenic cases differ materially from the hysterical, and the two ought to be considered as nosologically distinct. In the one there is a depression of the cerebro-spinal nervous system frequently associated with a lowering of the general physical condition, and in the other the state of the general health may be good, and the nervous system exalted as far as its general functions are concerned, only showing some local disturbance which is due to a morbid psychological state, but without perversion of the ordinary mental functions. Relief will not be obtained in one case by treatment which would be most effective in the other; therefore when a patient who has a functional nervous disorder of the throat applies for

treatment, even though it be a young woman who has some menstrual irregularity, the question must be considered whether the symptoms are due to an abnormal mental influence or to nervous asthenia before it is classed as hysterical or neurasthenic, and before it is decided whether it will most probably be benefited by treatment which will have an effect on the mental and moral tone, or whether good hygienics, tonics, and nervines will be most potent for the relief of the condition. That hysteria sometimes occurs in persons who are suffering from nervous exhaustion goes without saying, but the application of the term hysterical to all functional nervous affections of the throat occurring in subjects of neurasthenia can hardly be considered satisfactory.

Miss S., of West Virginia, represents fairly well this class. She was the eldest daughter of a widower, and on her devolved the duties of house-keeping and supervision of the family. The many cares incident to these duties she undertook when about eighteen years of age, but after three or four years her health was noticed to be failing, and later on she lost her voice, so that she could not speak aloud. She was brought to the city to be under my care, and on examination it was seen that she had relaxed throat with paresis of the vocal cords. On attempted phonation, there was but slight approximation of the cords, and only a feeble whisper was produced. She was treated for one month with iron and other tonics and nervines, and the local application to the throat of solution of ferri perchlor. and galvanism externally and internally. Before she returned home she had improved greatly in general health, and had regained her voice absolutely.

The two points which are quite distinctive of this case are that the loss of voice was gradual for some months, *pari passu* with the failing of her general health, and, after being unable to speak aloud for several months, when treatment was adopted for the improvement of her condition, none of the measures used at any time suddenly restored the natural tone of the voice as occurs in hysteria, but in the course of the month she was under treatment, it became stronger by degrees until finally the normal tone was regained. She returned to her home in Nov. 1882, with directions to continue the use of the same line of remedies that have been indicated, and two years afterwards I learned that she had retained the voice and had no trouble with her throat, which I have no doubt is her present condition, as I have heard nothing to the contrary.

The third class is called the "Reflex Irritative," though perhaps better names might be given to these different varieties of cases. Here the throat affection is dependent on an excitation or injury to either the cerebro-spinal or sympathetic nervous system.

The symptoms presented are cough, spasm, or paralysis. The treatment of this form differs from the others in that in the hysterical neuroses it should be directed to the mind, in the neurasthenic to the nervous

system, and in these cases all the remedial measures must be directed towards that part of the human economy in which the source of irritation is found to arise. For many years the laity have been familiar with the term "stomach cough," which in some instances is correctly named, but more recently laryngologists have given considerable attention to this subject, and have shown that many neuroses of the throat originate in irritation in the ear, the nose, the stomach and bowels, the genito-urinary apparatus, as well as from intra-thoracic disease of the heart or pericardium, the aorta or subclavian artery, the lungs or pleura, and from mediastinal tumors, also from goitre and enlarged bronchial glands, and during the past year Gouguenheim and Leval-Picquechef have demonstrated that some of the neuroses of the larynx, about the etiology of which there has been much uncertainty, are due to disease of a little chain of lymphatic ganglia situated along the trachea from the larynx to the bifurcation. In the report which they make, the following sentences occur.

"The study of this part of the lymphatic system is interesting then, not only for the anatomist but also for the clinician, because these ganglia may play a grand rôle in the functional troubles of the larynx, vocal or respiratory. They become hypertrophied in a number of cases, and, however little excessive the development may be, the recurrent nerves, to which they are very proximate, are compressed by them, and this compression gives the key to frequent functional troubles which are far from being proportionate to the laryngeal lesions. One of us has already observed in this region the fact of the compression of the two recurrent nerves by the greatly hypertrophied and degenerated lymphatic ganglia, and the compression has enabled us to explain very grave respiratory troubles which had necessitated tracheotomy."

Among the conclusions of the paper we find that

"The description of these ganglia was based on twenty dissections in normal and pathological conditions. These ganglia form a chain composed nearly always of three groups. The *inferior*, the most constant and voluminous, is almost continuous with the mediastinal ganglia; the *middle* is less constant than the inferior, and is composed of extremely small ganglia which are often lost to view; the *superior* group is situated at the posterior and inferior portion of the larynx. It is perhaps less constant than the middle, and is also composed of extremely small ganglia. The ganglia are susceptible of becoming hypertrophied and of attaining a considerable size in tuberculosis, in cancer, and perhaps also in syphilis.

"The autopsies made were principally in tuberculosis, rarely in cancer, and never in syphilis.

"The hypertrophy was most marked of the inferior and superior groups. The symptoms of compression of the nerve are either paralysis or spasm."

The value of these investigations seems to me to be very great, especially in pointing out the probable explanation of the dry, irritative spasmodic cough and occasional loss of voice which frequently precede, by some months or even years, any evidence of phthisis pulmonalis that can be detected by physical methods of examination and under these circumstances, or, if the lungs ever become affected secondarily to the throat disease, as I am disposed to believe from a clinical observation and treatment of not less than 3000 cases of phthisis during eleven years' special practice

in throat and chest diseases, then, the early diagnosis of tuberculous deposit in the peri-tracheo-laryngeal glands should be of very great importance in the prophylaxis of phthisis pulmonalis.

Begbie states that Dr. Graves, of Dublin, directed attention to the frequency with which various nervous affections are due to reflected nervous irritation, and that "he graphically describes the sudden and complete relief afforded to a young lady who had suffered most severely from spasmodic cough, after the discharge of a tapeworm, which had been effected by a large dose of oil of turpentine and castor oil."

In the same article, speaking of spasm of the pharynx and œsophagus, Begbie says: "It is of common occurrence, particularly in females, in whom it shows itself either as a reflex phenomenon dependent on uterine irritation, or—and this still more frequently—as one of the most striking features in a paroxysm of hysteria."

A distinction is here made between a reflex throat neurosis produced by uterine irritation and an hysterical neurosis. This I have before alluded to, but it is a differential diagnosis rarely made by the profession, for generally when the uterine disorder has been discovered the functional trouble is classified as hysterical. Another interesting reflex neurosis is where there is bilateral paralysis of the adductors from pressure on the recurrent of one side, which Flint states Dr. Geo. Johnson called attention to in 1875, and of the correctness of whose observation he (Flint) had an example in a case where there was an aneurism of the descending portion of the arch of the aorta pressing on the left recurrent laryngeal nerve, in which both lateral adductors of the vocal cords were paralyzed.

In fact, instances of these reflex neuroses, as well as of the hysterical and neurasthenic, could be given in great number and many of them might prove interesting; the scope of this article is not intended, however, to be exhaustive or didactic, but merely suggestive, and enough has been said to present the subject for consideration; the writer will, therefore, close with the statement that he has no doubt that it could have been made more interesting, but that in it he has presented data from the experience of others as well as his own with especial reference to defining more clearly, for diagnosis and successful treatment, the different forms of functional neuroses of the throat and nose.

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